

# 04-14-05 PART B - FEE(S) TRANSMITTAL

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35489 7590 01/18/2005

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04/15/2005 MBELETE2 00000104 081641 10015450  
 01 FC:1501 1400.00 DA  
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**C. FONG EL 993 636 454 US** (Depositor's name)  
**C. FONG** (Signature)  
**APRIL 12, 2005** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/015,480	12/11/2001	<del>Kevin P. Baker</del> <b>DAN L. EATON</b>	GNE.2830P1C50	9680

TITLE OF INVENTION: SECRETED AND TRANSMEMBRANE POLYPEPTIDES AND NUCLEIC ACIDS ENCODING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/18/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NICKOL, GARY B	1642	435-069100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**ELIZABETH M. BARNES**

1. **MARK T. KRESNAK**  
 2. **GINGER R. DREGER**  
 3. **HELLER EHRMAN WHITE & MCAULIFFE LLP**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**GENENTECH, INC.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**SOUTH SAN FRANCISCO, CALIFORNIA USA**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 88-1641 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Anna L. Barry*  
 Typed or printed name **ANNA L. BARRY**

Date **APRIL 12, 2005**  
 Registration No. **51,436**

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